



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

050106

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20170318779-05
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 07/26/2017 2:30 PM
	Entity Number E0352872017-1

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	RECOIN GROUP FOUNDATION LLC	<input type="checkbox"/> Check box if a Series Limited-Liability Company <input type="checkbox"/> Check box if a Restricted Limited-Liability Company
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: GG INTERNATIONAL Name _____	
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)	
Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity		
Street Address City Nevada Zip Code		
Mailing Address (if different from street address) City Nevada Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):	
4. Management: (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) (check only one box)	
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) MAKSIM ZASLAVSKIY Name _____ 7260 W. AZURE DR STE 140-212 LAS VEGAS NV 89130 Street Address City State Zip Code	
	2) _____ Name _____ Street Address City State Zip Code	
	3) _____ Name _____ Street Address City State Zip Code	
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.	
	GG INTERNATIONAL X GG INTERNATIONAL Name _____ Organizer Signature _____ 7260 W. AZURE DR STE 140-212 LAS VEGAS NV 89130 Address City State Zip Code	
	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X GG INTERNATIONAL 7/26/2017 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date	

This form must be accompanied by appropriate fees.